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# DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention: **METHOD FOR CUSTOMIZING A BURIAL VAULT (**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

☒ The attached application, or

☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_

☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

## FULL NAME OF INVENTOR(S)

Inventor one:

Signature:

Citizen of:

Inventor two:

Signature:

Citizen of:

Inventor three:

Signature:

Citizen of:

Inventor four:

Signature:

Citizen of:

☐

Additional inventors or a legal representative are being named on

additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 116 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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METHOD FOR CUSTOMIZING A BURIAL VAULT CARACE.doc (91.2KB)

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Under the Electronic Signature Act of 1999, as amended, and subject to the provisions of 35 U.S.C. 101 and 102, the information contained herein is hereby submitted to the U.S. Patent and Trademark Office, U.S. Department of Commerce.

Approved for use through 11/30/2003. OMB 0551-0020  
U.S. Patent and Trademark Office, U.S. Department of Commerce**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	February 10, 2004
First Named Inventor	Charles Maria Cox
Title	Method For Customizing A ...
Art Unit	
Examiner Name	
Attorney Contact Number	

I hereby appoint:

☒ Practitioner associated with the Customer Number: 38826  
OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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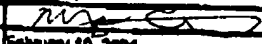
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City		State	Zip
Country			
Telephone		Fax	

Let me:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 5.71.  
Statement under 37 CFR 5.73(b) is enclosed. (Form PTO/GB/94)
**SIGNATURE of Applicant or Assignee of Record**

Name	Marty Jay Cox
Signature	
Date	February 10, 2004
Telephone	(815) 948-9177

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.51 and 1.52. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1458, Alexandria, VA 22315-1458. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22315-1458.

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	February 10, 2004
First Named Inventor	Christie Marie Cox
Title	Method For Customizing A ...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☒ Practitioner associated with the Customer Number:

33525

OR

☐ Practitioner(s) named below:

Name	Registration Number

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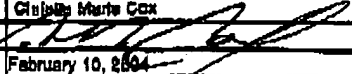
☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor,☐ Assignee of record of the entire interest. See 37 CFR § 7.1.  
Statement under 37 CFR 3.73(b) is attached. (Form PTO/SB/00)**SIGNATURE of Applicant or Assignee of Record**

Name	Christie Marie Cox		
Signature			
Date	February 10, 2004	Telephone	(815) 948-8112

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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